



**West Essex Regional School District  
Guidance Department**

**Student Records Release Request**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

I hereby give permission to:

Previous School Name:

\_\_\_\_\_

Previous School Street Address:

\_\_\_\_\_

City, State and Zip Code:

\_\_\_\_\_

To release all past and present Medical, Educational, Discipline, Academic, Special Services along with the Student Transfer Card, including the students New Jersey SID number, if applicable, pertaining to the above named child and mail to:

West Essex Regional High School  
Attention: HS Guidance Department  
Sarah Pisano  
West Greenbrook Road  
North Caldwell, NJ 07006

West Essex Regional Middle School  
Attention: MS Guidance Department  
Pat Galese  
West Greenbrook Road  
North Caldwell, NJ 07006

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_